Uterine Fibroids.

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(Concluded from page 309.)

Passing now from the pathology of these growths to the more practical questions of the symptoms they produce, and of the treatment which is best adapted for their cure, it may be said, in general terms, that the symptoms found in these cases depend almost entirely upon the precise position of the fibroid growth in the uterus. The classical symptoms ascribed to fibroids are *Hæmorrhage* and *Pain;* but it is certain that they can grow to an enormous size without either of those symptoms being present. With regard to both symptoms, it will always be found, firstly, that the degree of hæmorrhage caused by a fibroid tumour depends entirely upon the pressure of the new growth on the uterine mucous membrane, and is quite independent of the size of the tumour itself; secondly, that pain in these cases is due either to the pressure of the tumour upon adjacent structures, or to degenerative changes taking place within the tumour itself. The latter, I am aware, is a view not yet generally held; but I have elsewhere drawn special attention to this point. Firstly, then, with regard to hæmorrhage.

It is almost a truism to say that a fibroid tumour may become of an enormous size and weight, may even fill the pelvis or the abdomen or both, and yet there may be little or no unusual hæmorrhage; whereas, on the other hand, the uterus may be only slightly enlarged and altered in shape, and yet the most profuse losses may be caused by the presence of a nodule, pressing upon the mucous membrane of the canal and thus destroying its vascular supply, or, perhaps, opening up some veins upon its surface; or being completely extruded into its canal, and, by its pressure, causing destruction of the mucous membrane on which it presses, and again opening up blood-vessels on the eroded surface.

A practical difficulty in the treatment of bleeding fibroids is that they are rarely solitary, but are, as a rule, multiple, even if each nodule is but small. The old-fashioned treatment by the administration of ergot checked the losses, and therefore became generally employed. The effects of such treatment can be easily understood; the drug acting on the muscular tissue of the uterus caused it to contract. If the growth was small, such contraction would force it, perhaps, into the uterine canal, or perhaps in the opposite direction, converting it into a sub-peritoneal outgrowth. In the latter case, the pressure on the uterine mucous membrane was removed, and the patient's symptom disappeared. In the former case, likewise, the nodule, if small when squeezed into the uterine cavity, might become detached, and in due course expelled from the organ, in many cases surrounded by a more or less organised clot of blood. In any case, if the theory which I have advanced be even approximately correct, the muscular action set up by the ergot would increase the circulation around the fibroid nodule, lessen the liability of the muscle to become affected by the fibroid change, and so restrict the growth of the tumour. Ergot, therefore, given in half-drachm doses every six or eight hours, is a valuable method of treatment for hæmorrhages set up by the presence of a fibroid; because, whilst it checks the losses, and therefore saves the patient's strength, it may also assist in the production of a natural cure of the condition.

The next measure of importance in the treatment of uterine hæmorrhage, whether this be due to the presence of fibroids or of some other condition, is *Rest.* It is a method of treatment which is far too little employed at the present day, although it is one which may fairly be described as invaluable, especially in the case of fibroid growths. A very slight consideration will demonstrate the common-sense of the treatment. The hæmorrhage comes from the uterine canal, that is to say, from the uterine and ovarian veins. The greater the obstruction to the return of the blood through them, the more those vessels will be engorged, and the greater will be the certainty either of their rupture, or of the exudation of serum through their walls. Therefore, the more the woman stands or strains herself—the more loaded, in fact, those veins become—the greater must be the relief which Nature will endeavour to afford by means of hæmorrhage. On the other hand, the more the tension is removed, the more easy the venous circulation is made, the less engorgement of the uterus will there be, and the smaller will be the hæmorrhages from its canal. If, then, the patient is allowed to move about and perform her ordinary avocations, especially if those avocations are at all arduous or demand long hours of standing, the greater will be the tendency to varicosity of the uterine veins, the greater will be their tendency to rupture—the greater, in short, will the losses become.

On the other hand, if she be confined to a couch, and especially if the pelvis be raised above the level of the rest of the trunk, the uterus will tend to fal upwards, the pressure of the enlarged organ will be removed from the veins in the broad ligaments and the pelvis, the circulation through the uterine and ovarian veins will be made more easy, congestion of the mucous membrane will be reduced to a minimum, and the losses in the majority of instances will be therefore greatly diminished. So it is an excellent rule in all cases of menorrhagia or metrorrhagia to direct the patient to rest during the greater part of the day, certainly for the first three or four days of each period, and, if this be severe, until the loss has completely ceased,

previous page

next page